

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

32827

State File No. _____

Registrar's No. 64

FILED OCT 9 1946
Registration District No. 866

Primary Registration District No. 6241

1. PLACE OF DEATH:

(a) County Washington
(b) City or town Rural Preston
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether

In this community _____ years, months or days)

3. (a) PRINT FULL NAME Spain F Vance

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 0 5. Color or race W 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Gladis Vance 6. (c) Age of husband or wife if alive 37 years

7. "Birth date of deceased" Oct 29 1894 (Month) (Day) (Year)

8. AGE: Years 48 Months 10 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace Washington (City, town, or county) D C (State or foreign country)

10. Usual occupation _____

11. Industry or business Mining

12. Name Ruben R Vance
13. Birthplace Washington (City, town, or county) D C (State or foreign country)

14. Maiden name Preston
15. Birthplace Washington (City, town, or county) D C (State or foreign country)

16. (a) Informant Gladis Vance
(b) Address Potomac Md

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 21 1946 (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Ridge

18. (a) Signature of funeral director J L Spence
(b) Address Potomac Md

19. (a) 9-22-1943 (Date received local registrar) (b) Joseph L. Flanagan (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MD (b) County Washington
(c) City or town Rural (If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 18
year 1943 hour 8 minute 45 AM

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on Aug, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Rectum
Duration _____

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J F Russell
Address Potomac Md 9/20/43

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

MOTHER FATHER

800

RECEIVED

District Health Officer No. 4
District File Number 1043-28
Date Filed 10-8-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

Registered Apprentice No.

working under my personal supervision.

Signed

Everett Sparks

Licensed Embalmer No.

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.